elease type a plus sign (+) inside this box -> +

Signature

PTO/SB/21 (08-00)
Approved for use through 10/31/2002. OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

| TRANSMITTAL FORM | | | Application Number | | 09/454,216 |
|--|--------------------------------|--|--|------------------------|--|
| | | | Filing | Date | 12/9/99 |
| | | | First N | lamed Inventor | Gordon AUG CIVE |
| (to be used for all correspondence after initial filing) | | | Group | Art Unit | 2611 ECHNOL 27 |
| | | | Exami | ner Name | V. Srivastava |
| Total Number of Pages in This Submission | | 7 | Attorne | ey Docket Number | 09/454,216 12/9/99 Gordon 2611 V. Srivastava DIVA/245CIP1 |
| ENCLO | | | OSURES | (check all that apply) | |
| Fee Transmittal F | Fee Transmittal Form | | Assignment Papers (for an Application) | | After Allowance Communication to Group |
| Fee Attached | Fee Attached | | Drawing(s) | | Appeal Communication to Board of Appeals and Interferences |
| Amendment / Response | | Licensing-related Papers | | d Papers | Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| After Final | | Petition Routing Slip (PTO/SB/69) and Accompanying Petition | | | Proprietary Information |
| Affidavits/declaration(s) | | Petition to Convert to a Provisional Application | | | Status Letter |
| Extension of Time Request | | Power of Attorney, Revocation Change of Correspondence Address | | | Other Enclosure(s) (please identify below): |
| Express Abandonment Request | | ☐ Terminal Disclaimer ☐ Request for Refund | | | post card receipt |
| ☐ Information Disclosure Statement | | CD, Number of CD(s) | | CD(s) | |
| Certified Copy of Priority Document(s) | | Rema | Remarks event Applicants are i authorized to charge a not limited to any external event. | | lieve that any additional fee is due. In the incorrect, the Commissioner is any underpayment of fees (including but tension fees pursuant to 1.136(a)) to 0782. A duplicate copy of this transmittal |
| Response to Missing Parts/ Incomplete Application | | | | • | |
| Response to Missing Parts under 37 CFR 1.52 or 1.53 | | | | | |
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | | | |
| Firm <i>or</i> Individual name | Eamon J. Wall, Reg. No. 39,414 | | | | |
| Signature | EMall | | | | |
| Date 8/20/01 | | | | | |
| CERTIFICATE OF MAILING | | | | | |
| I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: | | | | | |
| Typed or printed name Laura-E. Crater | | | | | |
| | | | | | |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be send to the Chief Information Officer, U.S. Patent and Trademark